## INLAND WETLANDS AND WATERCOURSE REGULATIONS of the Town and Borough of Newtown, Connecticut

## APPENDIX D

## Permit / Permit Modification Application Form

(Please note: Failure to provide all of the information requested may result in your application being considered incomplete and rejected without prejudice by the commission.)

)	Pern	Permit, or					
)	Permit Modification (existing permit application #) or						
)	Request for Extension (existing permit application #)						
	Name of Applicant:						
		ress:					
	Phone: (Home)						
2.	Own	ner's Name:					
		ress:					
	Phone: (Home)						
		oplicant is not the proper	ty owner, the owner	's written consent to	the application	n must be	attached to
	applica	oplicant is not the proper cation form. ect Location:					attached to
his c	applica Proje	eation form.					
his c	applica Proje	ect Location:  Block:  Is project located in the	Lot:e	Newtown Tax Ac	count #		
his c	Proje Map a.	ect Location:  Block:  Is project located in the	Lot:e Aquifer Protection Licant must notify C	_ Newtown Tax Ac n District? Yes TDPH as defined in	No P.A. 06-53		
his c	Proje Map a.	ect Location:  Block:  Is project located in the  If yes then the app.  Is the project located wi	Lot: e Aquifer Protection licant must notify C	_ Newtown Tax Ac n District? Yes TDPH as defined in	P.A. 06-53 YesNo		
his c	Proje Map a.	ect Location:  Block:  Is project located in the  If yes then the app.  Is the project located wi	Lot:  e Aquifer Protection  licant must notify C  ithin a Public Water  licant must notify C	_ Newtown Tax Ac  To District? Yes  TOPH as defined in  Supply Watershed?  TOPH as defined in	P.A. 06-53  Yes No  P.A. 06-53	)	

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4.	Qu	Quantitative Information:	
	a.	a. Wetland Soil Type(s):	
	b.		
	c.		
	d.		
	e.		
	f.		
	g.		
5.	De	Describe the proposed activity and estimated time for comple	
	_		
4.	— De	Describe the purpose of the proposed activity:	
			***************************************
	-		
		The state of the s	
orde	r to e	SE NOTE: The Commission may require additional data, info to adequately evaluate the application. Signature of the appl sons necessary to the determination of said application.	
accui	rate, ISH	personally examined the information submitted in this documente, and complete to the best of my knowledge. I understand the SHABLE AS A CRIMINAL OFFENSE in accordance with Ses.	at providing false information MAY BE
0.1	•		
Subm	itted	ted By:	
		use only	
		ceived: Date:	Receiving Individual: